Attachment B

Contains 4 pages, including this coversheet

iLien Cover Page

Date Printed: 01/04/2021

Debtor:

Easterday Farms 5235 N Industrial Way Pasco, WA 99301

lease num: 1010094126

REF2: REF3: REF4: Ref5: Ref6: Ref7:

Law Firm Bill Code:

iLien File #: 77538680

Order Confirmation #: 78360662

UseriD: 194041

UserName: DEBRA COLE

Number of Collateral Pages Attached: 0

Transaction Type: Original

Jurisdiction: WA, Department of Licensing

ICC FINANCING STA	ATEMENT			Lien Solutions Representation o	of filing		
A. NAME & PHONE OF CONTAC Name: Wolters Kluwer Lien S	CT AT FILER (optional) Solutions Phone: 800-33	1-3282 Fax: 8	318-662-4141				
3. E-MAIL CONTACT AT FILER (uccfilingreturn@wolterski	(optional)			File N	filing is Co lumber : 20 Date : 04-J	21-004-4558-7	
C. SEND ACKNOWLEDGMENT	TO: (Name and Address)	16813 - PHI F	FINANCIAL				
Lien Solutions		78360	662				
P.O. Box 29071 Glendale, CA 91209-	-9071	WAW	Α .				
	ter en constant at all tons			THE ABOVE &	DACE IS EC	R FILING OFFICE US	E ONLY
DEBTOR'S NAME: Provide onl	with: Department of Lice ty one Debter name (1s or 1b)		name; do not omit, mo				
name will not fit in line 1b, leave all	of item 1 blank, check here	and provide ti	ne Individual Debtor in	formation in item 10 of the	Financing Sta	tement Addendum (Form (ICC1Ad)
1a. ORGANIZATION'S NAME Easterday Farms							
R 15. INDIVIDUAL'S SURNAME			FIRST PERSONAL NA	ME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
c, MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
5235 N Industrial Way			Pasco		WA	99301	USA
DEBTOR'S NAME: Provide on name will not fit in line 2b, leave all 2a. ORGANIZATION'S NAME			name; do not omit, mo he Individual Debtor in	dify, or abbreviate any partiformation in item 10 of the	Financing Sta	s name); if any part of the tement Addendum (Form t	JCC1Ad)
1	28. INDIVIDUAL & SURVINE				ADDITIONAL NAME(SYMITIAL(S)		
2b. INDIVIDUAL'S SURNAME Easterday			FIRST PERSONAL NA	ME	ADDITION	AL NAME(S)(NITIAL(S)	SUFFIX
SD INDIAIDME 9 SOUMANE				ME	STATE	POSTAL CODE	COUNTRY
Easterday E. MAILING ADDRESS 830 Belliflower Rd			Cody cny Mesa		STATE	POSTAL CODE 99343	
Easterday 2. MAILING ADDRESS		SSIGNOR SECU	Cody cny Mesa		STATE	POSTAL CODE 99343	COUNTRY
Easterday E. MAILING ADDRESS 830 Belliflower Rd SECURED PARTY'S NAME 38. ORGANIZATION'S NAME		SSIGNOR SECU	Cody cny Mesa	e only <u>one</u> Secured Party (STATE WA name (3a or 3	POSTAL CODE 99343	COUNTRY
Easterday 2c. MAILING ADDRESS 830 Belliflower Rd . SECURED PARTY'S NAME Sa. ORGANIZATION'S NAME PHI Financial Service		SSIGNOR SECU	Cody cmy Mesa RED PARTY): Provide	e only <u>one</u> Secured Party (STATE WA name (3a or 3	99343 9)	COUNTRY
Easterday Easterday	os, Inc.		Cody CITY Mesa RED PARTY): Provide	e only <u>one</u> Secured Party (STATE WA name (3a or 3i	POSTAL CODE 99343 D) NAL NAME(SYINITIAL(S)	COUNTRY USA SUFFIX
Easterday Easterday Easterday Belliflower Rd SECURED PARTY'S NAME Sa. ORGANIZATION'S NAME PHI Financial Service SA. INDIVIDUAL'S SURNAME 36. MAILING ADDRESS	ox 1050 Itement covers the following or to be grown in any med or hereafter acquired documents (negotiable awhether in cash or in kin	ollateral: crop year, wh d products of and non-nego d) arising und	Cody Mesa RED PARTY): Provide FIRST PERSONAL N. CITY Johnston mether harvested council to be proposed for second commental second commen	e only <u>one</u> Secured Party of AME or unharvested (incluing runmanufactured storage of such crops agricultural subsidy,	STATE WA name (3a or 3) ADDITIO STATE IA ding, but no	POSTAL CODE 99343 NAL NAME(SYINITIAL(S) POSTAL CODE 50131-1050 It limited to, com, soy now owned or hereafter appeared to the reafter appeared to t	COUNTRY USA SUFFIX COUNTRY USA beans, wheat, ler acquired
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21-00141-WLH11 Doc 426-2 Filed 03/22/21 Entered 03/22/21 15:34:05 Pg 3 of 4

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by Lian Solutions, P.O. Box 29071, Glandate, CA 91209-9071 Tel (800) 331-3282

UCC FINANCING STATEMENT ADDITIONAL PARTY FOLLOW INSTRUCTIONS 18. NAME OF FIRST DESTOR: Same as line 1a or 1b on Financing Statement; if line 1b was because individual Debtor name did not fit, check here

8. N	AME OF FIRST DESTOR: Same as line 1a or 1b on Financing Statement; if linecause Individual Debtor name did not fit, check here	e 15 was lef	t blank					
ī	188, ORGANIZATION'S NAME							
	Easterday Farms							
l								
OR	18b. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	ADDITIONAL NAME(SYNITIAL(S)		SUFFIX				ruor on v	
						IS FOR FILING OFFIC		
19. /	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19	b) (use exac	t, full name; do	not omit, modify, or ab	breviate a	ny part of the Debtor's nam	18)	
1	19a, ORGANIZATION'S NAME							
OR	18b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITION	SUFFIX		
	Easterday	Debby						
19c.	MAILING ADDRESS	СПҮ	СПУ			POSTAL CODE	COUNTRY	
52	35 N Industrial Way	Pasco			WA	99301	USA	
20	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20s or 20	b) (use exac	t, full name; do	not omit, modify, or ab	breviate a	ny part of the Debtor's nan	ne)	
ZU. 1	20s. ORGANIZATION'S NAME		<u> </u>					
OR	205, INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX	
	Easterday	Karen						
20c	MAILING ADDRESS	спу			STATE	POSTAL CODE	COUNTRY	
52	235 N Industrial Way	Pasco			WA	99301	USA	
21	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	1b) (use exa	ct, full name; do	not omit, modify, or at	breviate a	any part of the Debtor's na	ne)	
	21s. ORGANIZATION'S NAME							
OR	21b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
	Easterday		Gale				1	
210	, MAILING ADDRESS	CITY	ату			POSTAL CODE	COUNTRY	
5	235 N industrial Way	Pasco			WA	99301	USA	
	ADDITIONAL SECURED PARTY'S NAME & ASSIGN	OR SECU	RED PARTY	'S NAME: Provide on	ly <u>one</u> nar	ne (22a or 22b)		
	22s. ORGANIZATION'S NAME							
OR	22b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	
22	c. MAILING ADDRESS	CITY	CITY			POSTAL CODE	COUNTRY	
		OB ecci	DED DADT	'S NAME: Provide on	ly one on	ma (23a or 23h)		
23.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN 239. ORGANIZATION'S NAME	OR SECU	KEDPARTI	5 NAME: Flovida di	y <u>Orig</u> He	illo (200 til 2007)		
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
23	c, MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
				City with Passage - 4		WA 1010094126		
24	. MISCELLANEOUS: 78360862-WA-0 16813 - PHI FINANCIAL SERVIC PHI	Financial Servi	ess, Inc.	File with: Department	A Fictive 3	, YTA 10 10094120		

Prepared by Lion Solutions, P.O. Box 28071, Glandale, CA 91209-9071 Tel (800) 331-3282